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**FACSIMILE TRANSMISSION**

**May 26, 2009**

**TO: USPTO**

**ATTN:**

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**FROM: Paul Bobowiec (202) 454-1572**

**RE: Response to Office Action filed by certificate of facsimile transmission**

**YOUR REFERENCE: 10/803,875**

**Docket: 1095.1306**

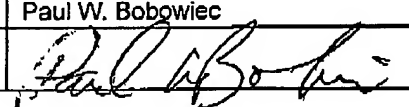
**NO. OF PAGES (Including this Cover Sheet) 11**

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MAY 26 2009

S&amp;H Form: (10/08)

<b>REPLY/AMENDMENT FEE TRANSMITTAL</b>		Attorney Docket No.	1095.1306		
		Application Number	10/803,875		
		Filing Date	March 19, 2004		
		First Named Inventor	Yukiko SAKAI et al.		
		Group Art Unit	2613		
AMOUNT ENCLOSED	0.00	Examiner Name	Phyowai LIN		
<b>FEE CALCULATION (fees effective 10/02/08)</b>					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	12	- 20 =	0	X \$ 52.00 =	\$ 0.00
INDEPENDENT CLAIMS	4	- 4 =	0	X \$ 220.00 =	0.00
Since an Official Action set an original due date of May 25, 2009, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$130)); (2 months (\$490)); (3 months (\$1,110)); (4 months (\$1,730)); (5 months (\$2,350));					
If Notice of Appeal is enclosed, add (\$540.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$140.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 0.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
<b>TOTAL FEES DUE =</b>					\$ 0.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
<b>METHOD OF PAYMENT</b>					
<input type="checkbox"/> Check enclosed as payment. <input type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input checked="" type="checkbox"/> No payment is enclosed.					
<b>GENERAL AUTHORIZATION</b>					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. 19-3935 Deposit Account Name STAAS & HALSEY LLP					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	Paul W. Bobowiec		Reg. No.	31,024	
Signature			<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this communication is being transmitted by facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5/26/2009 at 9:42 PM. STAAS & HALSEY		